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Bib Data Sheet

CONFIRMATION NO. 8006

SERIAL NUMBER 10/738,401	FILING DATE 12/17/2003 RULE	CLASS 362	GROUP ART UNIT 2875	ATTORNEY DOCKET NO. P00816-US-00
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IN	4	12	2
Verified and Acknowledged Examiner's Signature	In re				

ADDRESS

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TITLE

Adjustable rear lamp

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 770		